MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09785772	02-16-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I							51						
2		I						52						
3		I						53						
4		I						54						
5		I						55						
6		①						56						
7	I							57						
8		I						58						
9		I						59						
10		I						60						
11		I						61						
12		I						62						
13		I						63						
14		I						64						
15		I						65						
16		I						66						
17		I						67						
18	y							68						
19		I						69						
20		I						70						
21		I						71						
22		I						72						
23		I						73						
24		I						74						
25		I						75						
26								76						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	22							TOTAL DEP.						
TOTAL CLAIMS	25							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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